Date

New Card #



Name (Last, First & Middle)

(Please type or print)

Greater Rochester International Airport APPLICATION FOR UPDATED AIRPORT IDENTIFICATION CARD

Name of Present Employer

Change
Lost
Renewal

List any other names by which you have been known (nicknames, aliases	, etc.).						
Present Job Title	Social Security Number	Date of Birth					
Home Address (Number, Street, City, State, and Zip Code)	Height	Weight					
	Hair Color	Eye Color					
	Home Phone Number	Work Phone Number					
Reason for Updating Identification Card							
Standard Renewal - My current ID Card has expired.							
o Information Change - The information on my current card is no longer accurate. The new information is:							
o ESCORT o AIRDIP o ROC							
o Access Change - The access level on the card is no longer valid. The new access level should be:							
o Red Badge - Routine Access to all locations on the Airport							
 Blue Badge - Routine Access to the ramp surrounding the Passenger Terminal Complex and the Terminal Sterile Areas 							
6 Green Badge - Routine Access to any combination of the North Ramp, South Ramp, and Systems' Ramp.							
o Brown Badge - Routine Access to the Air Cargo Ramp along Airport Way							
o ுப்பில் Badge - Routine Access to the General Aviation Ramp along Scottsville Road							
White/Gray Badge - Routine Access to airport buildings, including Terminal Sterile Areas, but no access to aircraft aprons.							
o Pink Badge - Routine Access to specific location on the Airport only							

Unless the identification card is lost or stolen, all cards must be returned to the Airport Communications Center.

I certify that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief. I hereby authorize the Airport Security Coordinator (ASC) or a designee to investigate this information, including employment history and any possible criminal history as required by the Transportation Security Administration Regulations, 1542.209 / 1544.229. Falsification is a violation of Federal Rules & Regulations and false statements made herein are punishable as a class A Misdemeanor pursuant to Section 210.45 of the Penal Law. If any of the information provided on this form changes, I will notify the Airport Security Coordinator (ASC) as soon as possible. Furthermore, if I am convicted of a disqualifying crime after I am granted access, I will report it to the ASC and surrender my ID card within 24 hours. I also consent to a possible random inspection upon entry into the Sterile/Secured/SIDA Area under TSA SD 1542-06-01. All Airport ID badges are property of ROC GRIA and must be turned into the ASC when the employee no longer needs access to the Airport or upon termination.

Signatures required on back page

Lost / Stolen - My current badge has been lost or stolen.



Privacy Act Notice

Authority: 49 U.S.C. §§114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN.

Routine Uses: This information may be shared with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.

"The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code)."

The airport operator must make the following certification available to applicants and current media holders for purposes of SSN verification:

"I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington, VA **20598.**"

"I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

"Signature	Σ.		Date of Birth	:			
"SSN and	Full Name:				33		
Signatory Authority Signature				Printed Name Date		Date	
9							
Employee getting ID Signature:				TA collected CHRC data: FP CHRC #:			
Card Number:	Exp.		Access Color:		TA ID Issued by:		
Security Threat Assessment Number:				TA that transmitted STA:			
SIDA Date:				TA taught SIDA class :			
				TA Authorizing issuance of ROC ID:			